

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2021
FORM APPROVED
OMB NO. 0938-0391

2/5th 6-
7-10-2021 90th

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PDC-#1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445419	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED C 05/26/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OVERTON COUNTY HEALTH AND REHAB CENTER

318 BILBREY STREET

LIVINGSTON, TN 38570

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 919 SS=D	<p>A Life Safety Code Complaint Investigation of TN00054204 was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 05/26/2021. During this Life Safety Complaint Investigation, Overton County Health and Rehab was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>Electrical Equipment - Other CFR(s): NFPA 101</p> <p>Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to repair the electrical equipment.</p> <p>This deficiency affected 2 of 6 smoke compartments with the potential to affect 44 of 67 residents and hall 3 staff members.</p> <p>The findings included:</p> <p>1. Observations on 05/26/2021 between 11:37 AM - 12:05 PM, revealed the grounding pin missing from the plugs for the following patient</p>	K 919	<p>On 5/26/2021 Maintenance Director replaced the plugs to the beds in rooms 81, 78, 56, and 53.</p> <p>Maintenance Director will check all beds monthly for three months for the proper grounding pin and replace any plug not meeting the requirement. Maintenance Director will report his findings to the quarterly QA Committee.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

6-10-21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

6-10-2021 CS

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K 919	<p>Continued From page 1</p> <p>beds:</p> <ol style="list-style-type: none"> 1. Room 81 2. Room 78 3. Room 56 4. Room 53 <p>NFPA 99, 10.2.2.1.1 (2012 Edition)</p> <p>2. Observations on 05/26/2021 at 11:52 AM, revealed the patient bed plug, in room 55, had been modified.</p> <p>NFPA 99, 10.2.2.2 (2012 Edition),</p> <p>The Maintenance Director, DON, and Assistant Administrator were present when these deficiencies were identified, and were later acknowledged by the Assistant Administrator and the Social Worker Manager on 05/26/2021.</p>	K 919	<p>Maintenance Director replaced the plug to the bed in room 55 on 5/26/2021.</p> <p>Maintenance Director checked all beds on 6/10/2021 to ensure no other plug on the beds were modified.</p> <p>Maintenance Director will monitor all beds quarterly to ensure all beds have the appropriate plug.</p> <p>Maintenance Director will report any findings to the quarterly QA Committee.</p>	6/10/2021

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